Kansas Maternal & Child Health Council (KMCHC)
Consumer/Family Member Application

Effective Date: October 2025

Thank you for your interest in the Kansas Maternal & Child Health Council!

The mission of Kansas Maternal and Child Health (MCH) is to improve the health and well-being of Kansas mothers, infants, children, and youth, including children and youth with special health care needs (SHCN), and their families. We envision a state where all are healthy and thriving.

The Kansas Maternal and Child Health Council (KMCHC) was formed as a state-level group to advise and monitor progress addressing specific MCH population needs, as aligned with the Title V MCH State Action Plan. The Council encourages the exchange of information about these populations, priorities and objectives, and helps the agency focus efforts and recommend collaborative initiatives. For additional information regarding the KMCHC, please refer to the guiding documents: Code of Ethics and Professional Conduct, Bylaws, and Reimbursement Policy available on the website at www.kansasmch.org.

Name		Address	
Preferred Phone		City, State Zip:	
Preferred Email			
Preferred Communication Method	☐ Email ☐ Phone Call ☐ Text		
Primary Expertise/Role	☐ Consumer/Patient ☐ Parent ☐ Family Member		
If Parent, # of children and ages			
MCH Population Domain* most interested in advising	☐ Women/Maternal ☐ Perinatal/Infant ☐ Child ☐ Adolescent **All domain groups are responsible for addressing Children & Youth with Special Health Care Needs and Cross-cutting population priorities and issues.*		
Check all that apply related to your role/experience with the **Special Health Care Needs** population. ☐ Self ☐ Parent ☐ Sibling ☐ Grandparent ☐ Other _____			

Please check the public health program(s) from which you have experience and/or received services.
(NOTE: It is okay if you have not received services!)

- ☐ Newborn Screening
- ☐ Newborn Hearing Screening
- ☐ Infant-Toddler Services (ITS)
- ☐ Special Health Care Needs (SHCN)
- ☐ Maternal & Child Health (MCH)
- ☐ Home Visiting
- ☐ Women, Infants and Children (WIC)
- ☐ Other(s) _____

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Please briefly respond to the following questions in the spaces provided.

Why are you interested in participating on the Kansas MCH Council? *It is encouraged that you view the Title V 2021-2025 State Action Plan, we would love to specifically know where you see you feel you can best engage in the current work for maternal and child health populations.*
In what ways have you shown leadership/been involved in your community?
How do you best communicate with other team members?
The Kansas MCH Council is not designed to be very time intensive (one meeting every 3 months with minimal review of documents outside of meetings); however, a commitment to active participation is necessary. Please provide any reason that you may have a difficult time participating in meetings. ☐ I do not anticipate having difficulties in participating in meetings or activities. ☐ I do not anticipate having difficulties in participating in meetings or activities *with* accommodations. (Please describe below)
Please provide any additional information that may be helpful to us in our selection process.

Thank you for taking the time to complete this application to participate as a member of the Kansas Maternal & Child Health Council. All information on this form is considered confidential and is intended for use by the KDHE Administrative Staff for selection purposes only. We will contact you by email to inform you of our decision.

Please submit questions and/or the application by email to Michelle Horst at michelle.horst@kansasaap.org.

Office Use Only
Appointment Recommendation: ____ Yes ____ No ____Holdforfutureplacement
Comments: